

<b>Case Number:</b>	CM13-0045191		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in General Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44 year old claimant who reported an industrial injury on 3/28/2012. The claimant was working with housekeeping [REDACTED]. While pulling sheets with both hands, she experienced a sharp pain in the right shoulder. After conservative measures were employed, the claimant has persistent right shoulder pain. Subsequent workup revealed a rotator cuff tear and Impingement syndrome for which the claimant underwent rotator cuff repair and subacromial decompression on 11/12/2012. Despite successful surgery, the claimant had persistent complaints of right shoulder pain that she persisted in physical therapy. On 5/22/2013 she underwent an Agreed Medical Examination by the treating physician who ordered a MRI of the right shoulder with contrast. The claimant was seen on 8/27/2013 where the claimant had "Forward elevation 130 degrees, ABER 60 degrees and ABIR 30 degrees." There was a request for repeat MR Arthrogram of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**A REPEAT MRI ARTHROGRAM OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MAGNETIC RESONANCE IMAGING, SHOULDER CHAPTER.

**Decision rationale:** According to the Official Disability Guidelines, "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; and Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the claimant has had a recent MRI with contrast of the right shoulder on June 24, 2013 as ordered by another physician. The requesting physician does not acknowledge that a MRI with contrast has been done or that a report has been reviewed. Therefore it is not clear whether a repeat MRI Arthrogram is necessary for this patient. The request for a repeat MRI Arthrogram of the right shoulder is not medically necessary and appropriate.